





EISSUE

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PTO/SB/50 (08-00) Approved for use through 12/30/2000, OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION	ON TRANSMITTAL				
Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attomey Docket No. 5565x4 First Named Inventor Bendiner 5,840,249 Original Patent Issue Date (MonthiDayl Year) Express Mail Label No.				
APPLICATION FOR REISSUE OF: (Check applicable box) X Utility Patent	Design Patent Plant Patent				
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS				
1. X Fee Transmittal Form (PTOI SBI 56) (Submit an original, and a displicate for lose processory) 2. X Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification and Claims in double column copy of patent format (amended, if appropriate) 4. Drawing(s) (proposed amendments, if appropriate) 5. X Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTOISBI51 or 52) (unexecuted) 6. Original U.S. Patent currently assigned? X Yes No (If Yes, check applicable box(es)) X Written Consent of all Assignees (PTOISBI53) X 37 C.F.R. § 3.73(b) Statement X Power of Attorney (PTOISB/96)	7. X Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c). 8. Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55) 9. Foreign Priority Claim (35 U.S.C. 119) (if applicable) Information Disclosure Statement (IDS)/PTO-1449 Citations 11. English Translation of Reissue Oath/Declaration (if applicable) 12. X Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Other:				
(1.10/00/30)					
15. CORRESPONDENCE ADD	Dace				
Customer Number or Bar Code Label [Insert Customer No: or Adjects by	or 🏻 Correspondence address below				
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City Chicago State	Illinois Zip Code 60611				
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NAME (Print Type) Lisa Carilds Signature Lisa Carilds	Registration No. (Attorney/Agent) 39,837				

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